

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90189 049 ****70.00

DOCUMENT # N01000005142

1. Entity Name
ALOMA SQUARE OWNERS' ASSOCIATION, INC.



Principal Place of Business
**5405 DIPLOMAT CIRCLE
SUITE 100
ORLANDO, FL 32810**

Mailing Address
**5405 DIPLOMAT CIRCLE
SUITE 100
ORLANDO, FL 32810**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252006 Chg-NP CR2E037 (11/05)

4. FEI Number
56-2380731

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CLAYTON, W. MALCOLM
5405 DIPLOMAT CIRCLE
SUITE 100
ORLANDO, FL 32810**

7. Name and Address of New Registered Agent

Name **Kenneth M. Clayton**
Street Address (P.O. Box Number is Not Acceptable)
1065 MAITLAND CENTER COMMONS BLVD
City **MAITLAND** FL Zip Code **32751**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kenneth M. Clayton
Signature, typed or printed name of registered agent and title if applicable

Kenneth M. Clayton
(NOTE: Registered Agent signature required when transacting)

4/25/06
DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CLAYTON, W. MALCOLM**
STREET ADDRESS **5405 DIPLOMAT CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D** ☐ Delete
NAME **CLAYTON, BRANTLY W**
STREET ADDRESS **5405 DIPLOMAT CIRCLE STE. 100**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D** ☐ Delete
NAME **DODGE, LINDA S**
STREET ADDRESS **5405 DIPLOMAT CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **CLAYTON W. MALCOLM**
STREET ADDRESS **5405 DIPLOMAT CIRCLE STE 100**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **DODGE, LINDA S**
STREET ADDRESS **5405 DIPLOMAT CIRCLE STE 100**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

W. Malcolm Clayton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Malcolm Clayton
Date

4/25/06
Daytime Phone #

407-644-6200